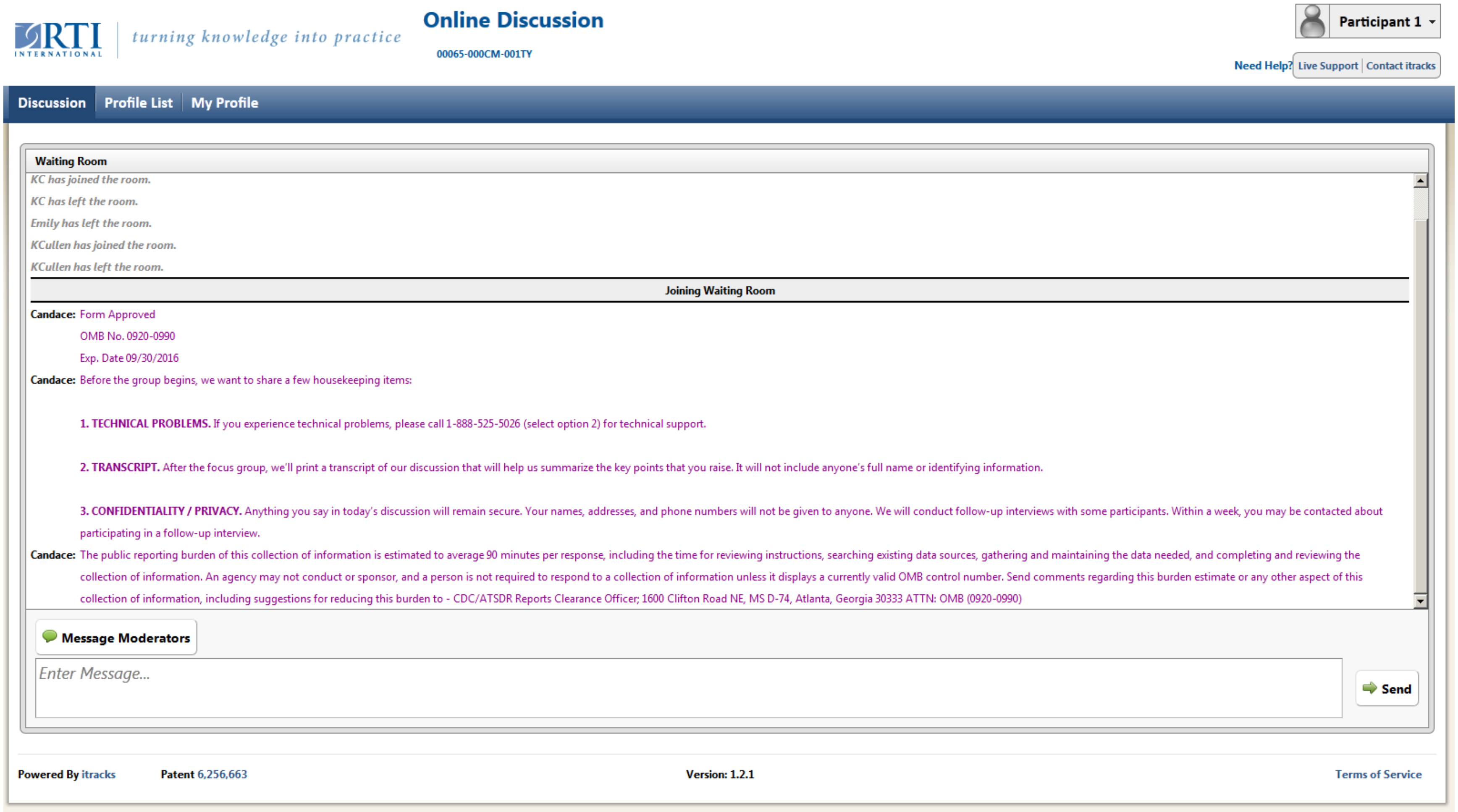
Att 9a: Group 4_Acute Med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Online Discussion
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Participant 1
Need Help?
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Waiting Room
Message Moderators
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KC has joined the room.

KC has left the room.

Emily has left the room.

KCullen has joined the room.

KCullen has left the room.

Joining Waiting Room

Candace: Form Approved
OMB No. 0920-0990
Exp. Date 09/30/2016

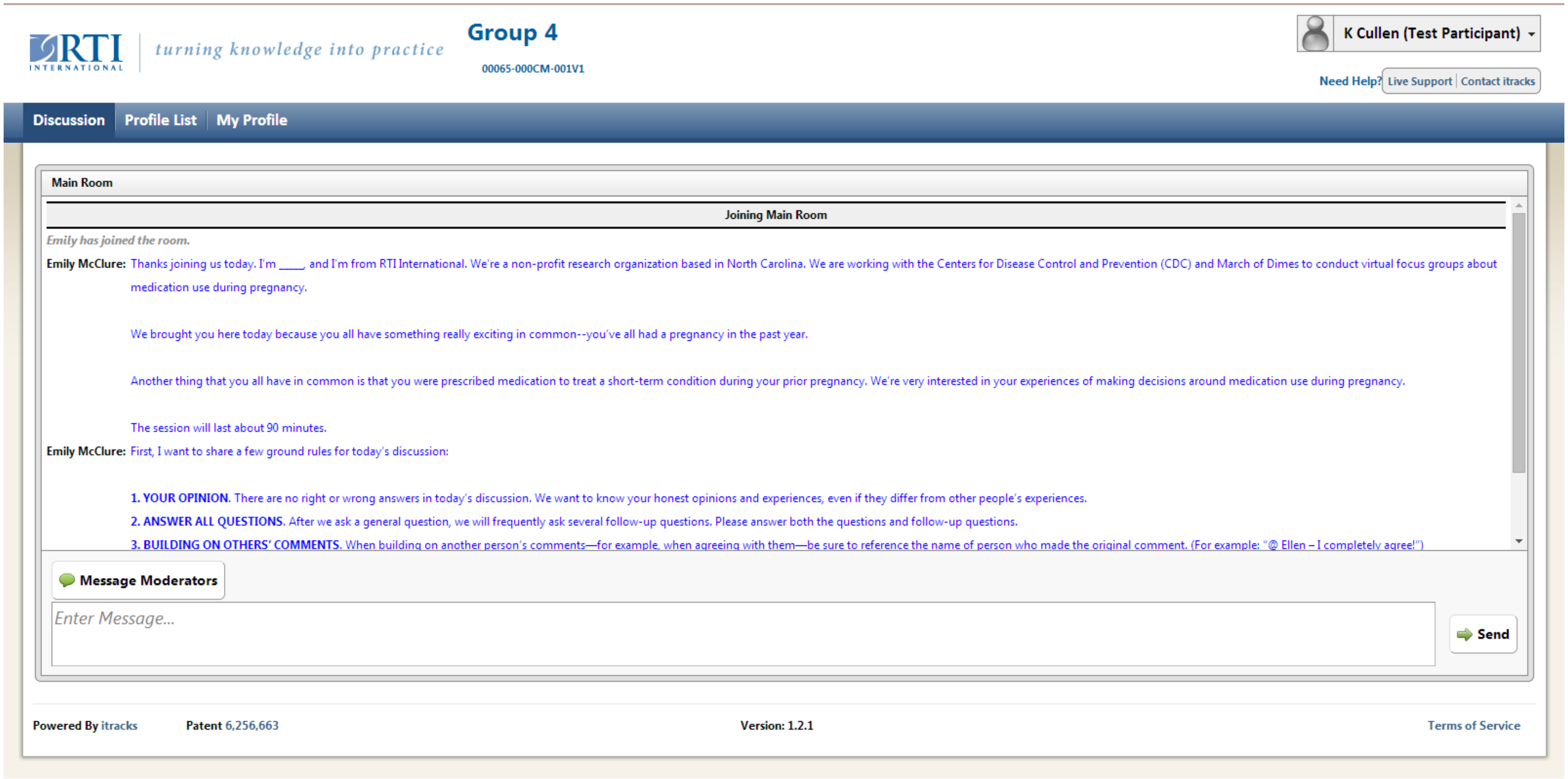
Candace: Before the group begins, we want to share a few housekeeping items:

1. TECHNICAL PROBLEMS. If you experience technical problems, please call 1-888-525-5026 (select option 2) for technical support.

2. TRANSCRIPT. After the focus group, we'll print a transcript of our discussion that will help us summarize the key points that you raise. It will not include anyone's full name or identifying information.

3. CONFIDENTIALITY / PRIVACY. Anything you say in today's discussion will remain secure. Your names, addresses, and phone numbers will not be given to anyone. We will conduct follow-up interviews with some participants. Within a week, you may be contacted about participating in a follow-up interview.

Candace: The public reporting burden of this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: OMB (0920-0990)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Joining Main Room

Emily has joined the room.

Emily McClure: Thanks joining us today. I'm ____, and I'm from RTI International. We're a non-profit research organization based in North Carolina. We are working with the Centers for Disease Control and Prevention (CDC) and March of Dimes to conduct virtual focus groups about medication use during pregnancy.

We brought you here today because you all have something really exciting in common--you've all had a pregnancy in the past year.

Another thing that you all have in common is that you were prescribed medication to treat a short-term condition during your prior pregnancy. We're very interested in your experiences of making decisions around medication use during pregnancy.

The session will last about 90 minutes.

Emily McClure: First, I want to share a few ground rules for today's discussion:

1. YOUR OPINION. There are no right or wrong answers in today's discussion. We want to know your honest opinions and experiences, even if they differ from other people's experiences.
2. ANSWER ALL QUESTIONS. After we ask a general question, we will frequently ask several follow-up questions. Please answer both the questions and follow-up questions.
3. BUILDING ON OTHERS' COMMENTS. When building on another person's comments—for example, when agreeing with them—be sure to reference the name of person who made the original comment. (For example: "@ Ellen – I completely agree!")

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Version: 1.2.1
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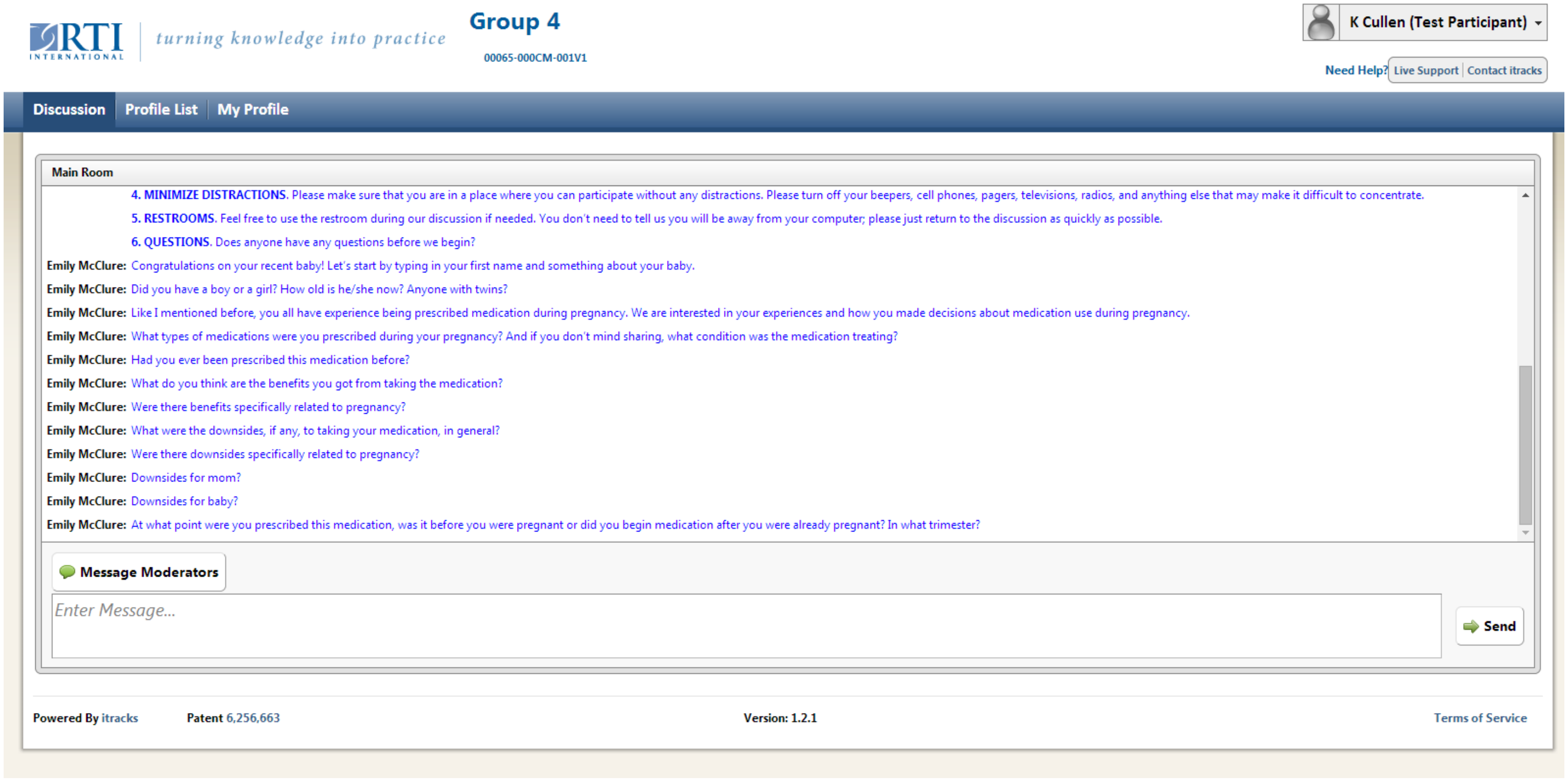
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Version: 1.2.1
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4. MINIMIZE DISTRACTIONS. Please make sure that you are in a place where you can participate without any distractions. Please turn off your beepers, cell phones, pagers, televisions, radios, and anything else that may make it difficult to concentrate.

5. RESTROOMS. Feel free to use the restroom during our discussion if needed. You don't need to tell us you will be away from your computer; please just return to the discussion as quickly as possible.

6. QUESTIONS. Does anyone have any questions before we begin?

Emily McClure: Congratulations on your recent baby! Let's start by typing in your first name and something about your baby.

Emily McClure: Did you have a boy or a girl? How old is he/she now? Anyone with twins?

Emily McClure: Like I mentioned before, you all have experience being prescribed medication during pregnancy. We are interested in your experiences and how you made decisions about medication use during pregnancy.

Emily McClure: What types of medications were you prescribed during your pregnancy? And if you don't mind sharing, what condition was the medication treating?

Emily McClure: Had you ever been prescribed this medication before?

Emily McClure: What do you think are the benefits you got from taking the medication?

Emily McClure: Were there benefits specifically related to pregnancy?

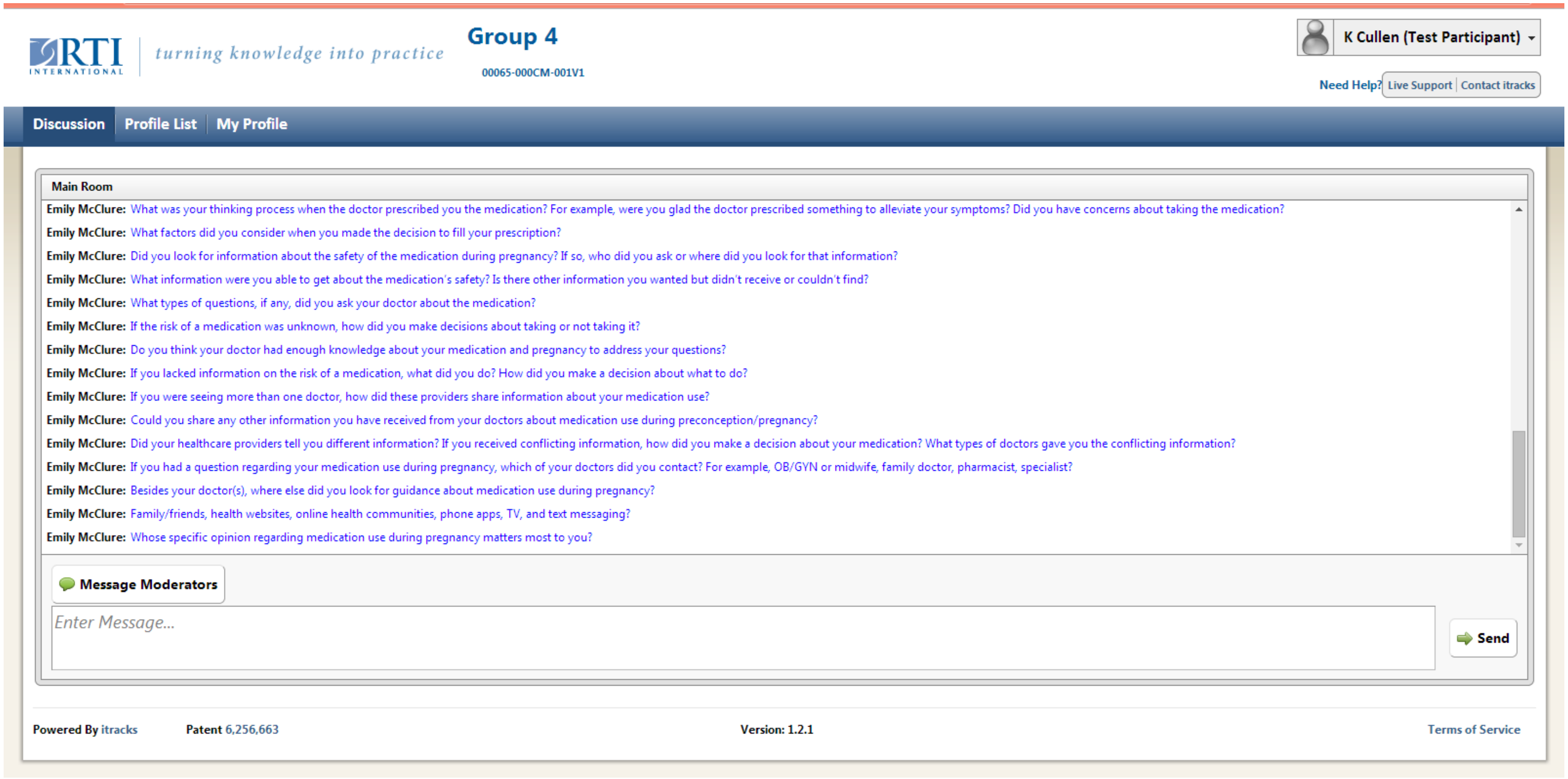
Emily McClure: What were the downsides, if any, to taking your medication, in general?

Emily McClure: Were there downsides specifically related to pregnancy?

Emily McClure: Downsides for mom?

Emily McClure: Downsides for baby?

Emily McClure: At what point were you prescribed this medication, was it before you were pregnant or did you begin medication after you were already pregnant? In what trimester?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Emily McClure: What was your thinking process when the doctor prescribed you the medication? For example, were you glad the doctor prescribed something to alleviate your symptoms? Did you have concerns about taking the medication?

Emily McClure: What factors did you consider when you made the decision to fill your prescription?

Emily McClure: Did you look for information about the safety of the medication during pregnancy? If so, who did you ask or where did you look for that information?

Emily McClure: What information were you able to get about the medication's safety? Is there other information you wanted but didn't receive or couldn't find?

Emily McClure: What types of questions, if any, did you ask your doctor about the medication?

Emily McClure: If the risk of a medication was unknown, how did you make decisions about taking or not taking it?

Emily McClure: Do you think your doctor had enough knowledge about your medication and pregnancy to address your questions?

Emily McClure: If you lacked information on the risk of a medication, what did you do? How did you make a decision about what to do?

Emily McClure: If you were seeing more than one doctor, how did these providers share information about your medication use?

Emily McClure: Could you share any other information you have received from your doctors about medication use during preconception/pregnancy?

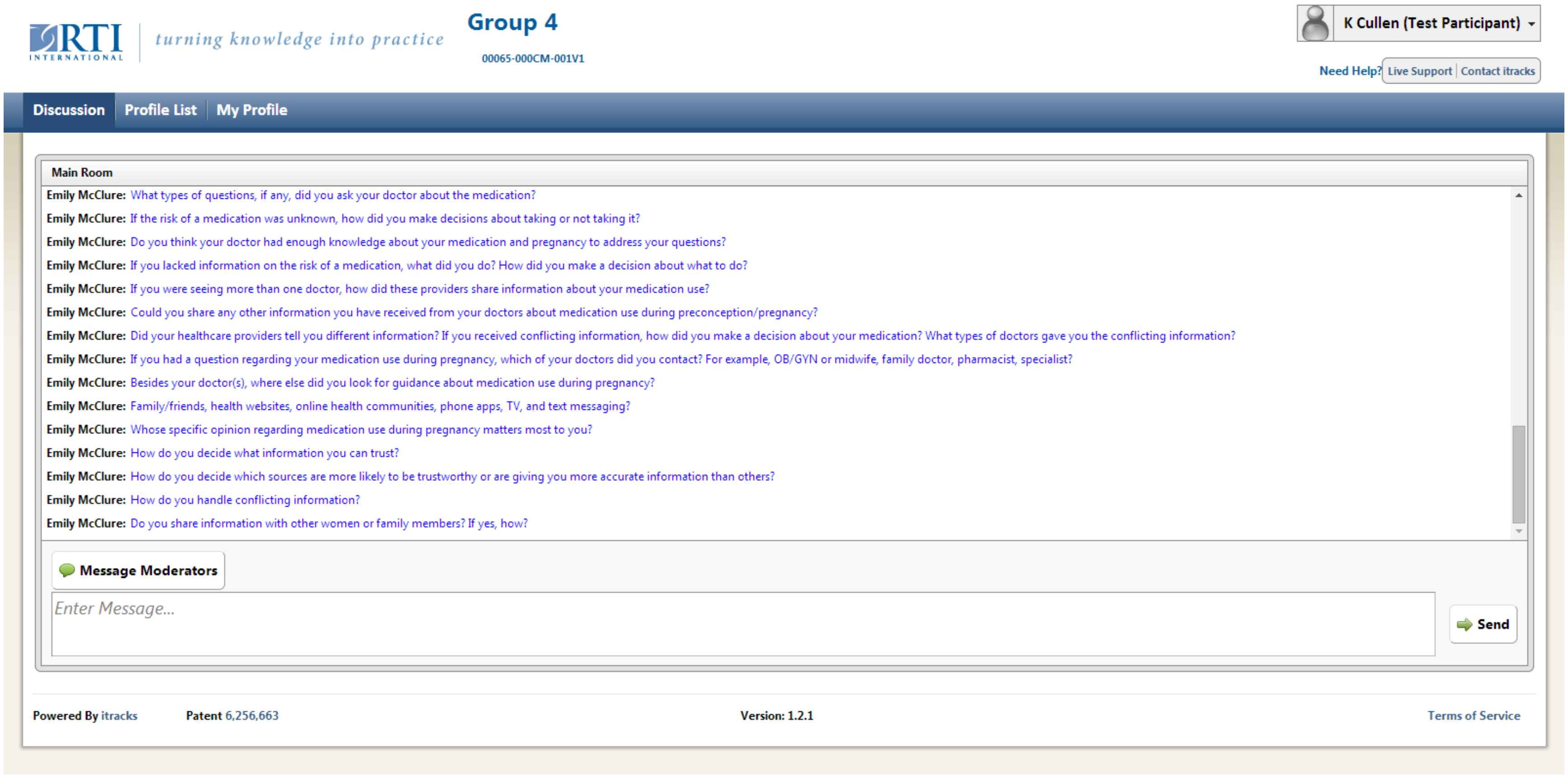
Emily McClure: Did your healthcare providers tell you different information? If you received conflicting information, how did you make a decision about your medication? What types of doctors gave you the conflicting information?

Emily McClure: If you had a question regarding your medication use during pregnancy, which of your doctors did you contact? For example, OB/GYN or midwife, family doctor, pharmacist, specialist?

Emily McClure: Besides your doctor(s), where else did you look for guidance about medication use during pregnancy?

Emily McClure: Family/friends, health websites, online health communities, phone apps, TV, and text messaging?

Emily McClure: Whose specific opinion regarding medication use during pregnancy matters most to you?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Emily McClure: What types of questions, if any, did you ask your doctor about the medication?

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Emily McClure: Family/friends, health websites, online health communities, phone apps, TV, and text messaging?

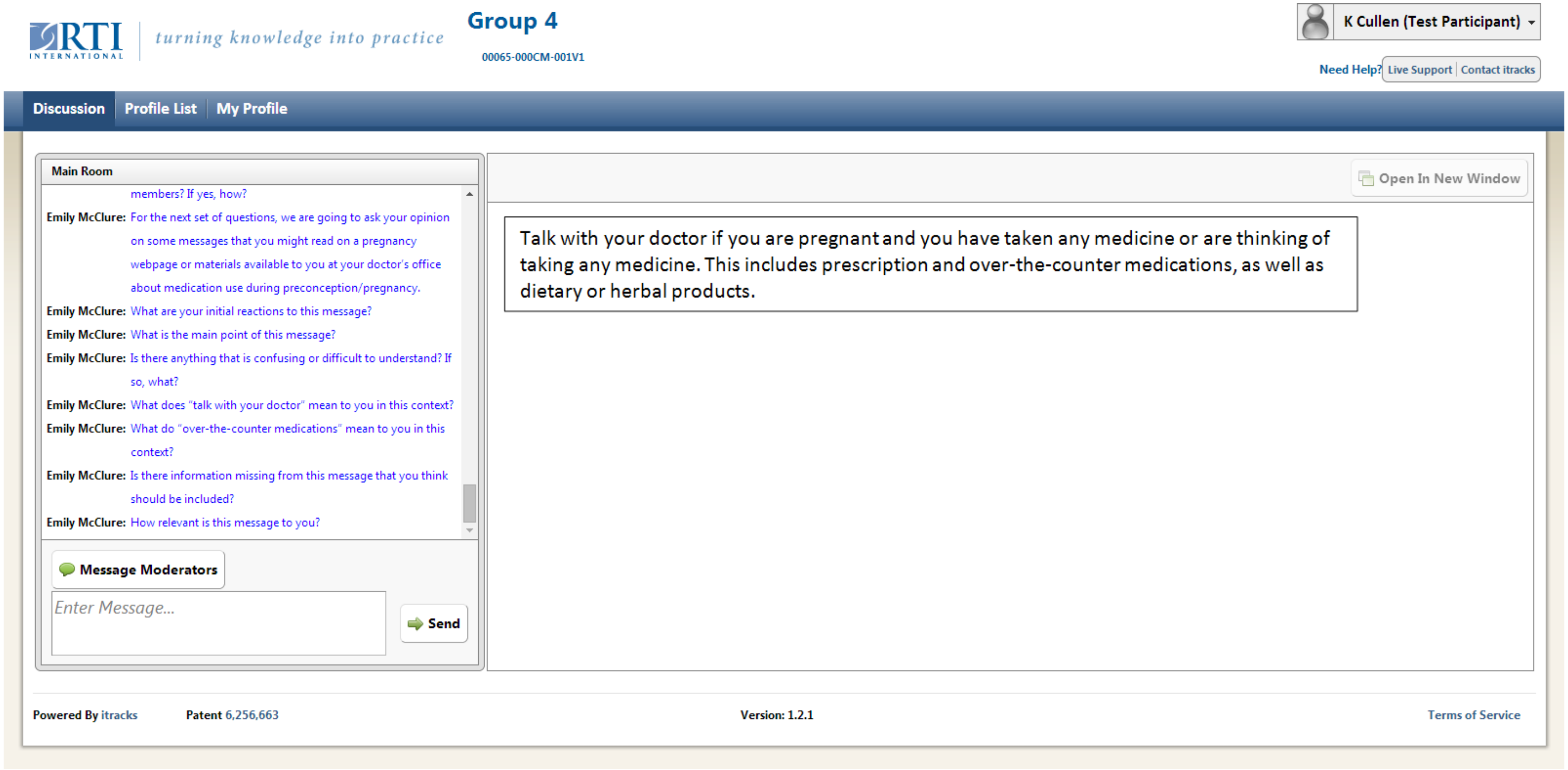
Emily McClure: Whose specific opinion regarding medication use during pregnancy matters most to you?

Emily McClure: How do you decide what information you can trust?

Emily McClure: How do you decide which sources are more likely to be trustworthy or are giving you more accurate information than others?

Emily McClure: How do you handle conflicting information?

Emily McClure: Do you share information with other women or family members? If yes, how?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members? If yes, how?

Emily McClure: For the next set of questions, we are going to ask your opinion on some messages that you might read on a pregnancy webpage or materials available to you at your doctor's office about medication use during preconception/pregnancy.

Emily McClure: What are your initial reactions to this message?

Emily McClure: What is the main point of this message?

Emily McClure: Is there anything that is confusing or difficult to understand? If so, what?

Emily McClure: What does "talk with your doctor" mean to you in this context?

Emily McClure: What do "over-the-counter medications" mean to you in this context?

Emily McClure: Is there information missing from this message that you think should be included?

Emily McClure: How relevant is this message to you?

Talk with your doctor if you are pregnant and you have taken any medicine or are thinking of taking any medicine. This includes prescription and over-the-counter medications, as well as dietary or herbal products.

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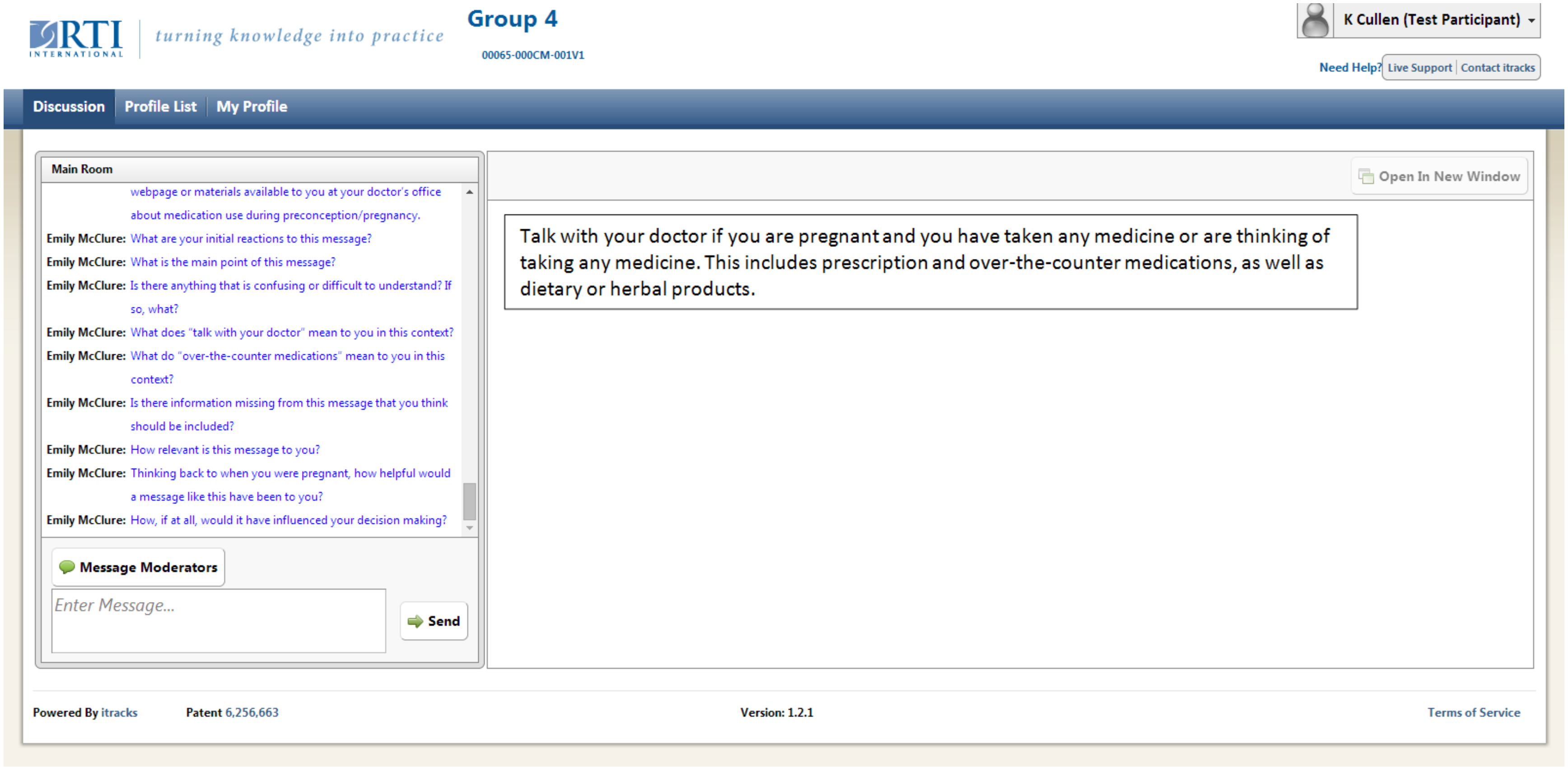

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Version: 1.2.1
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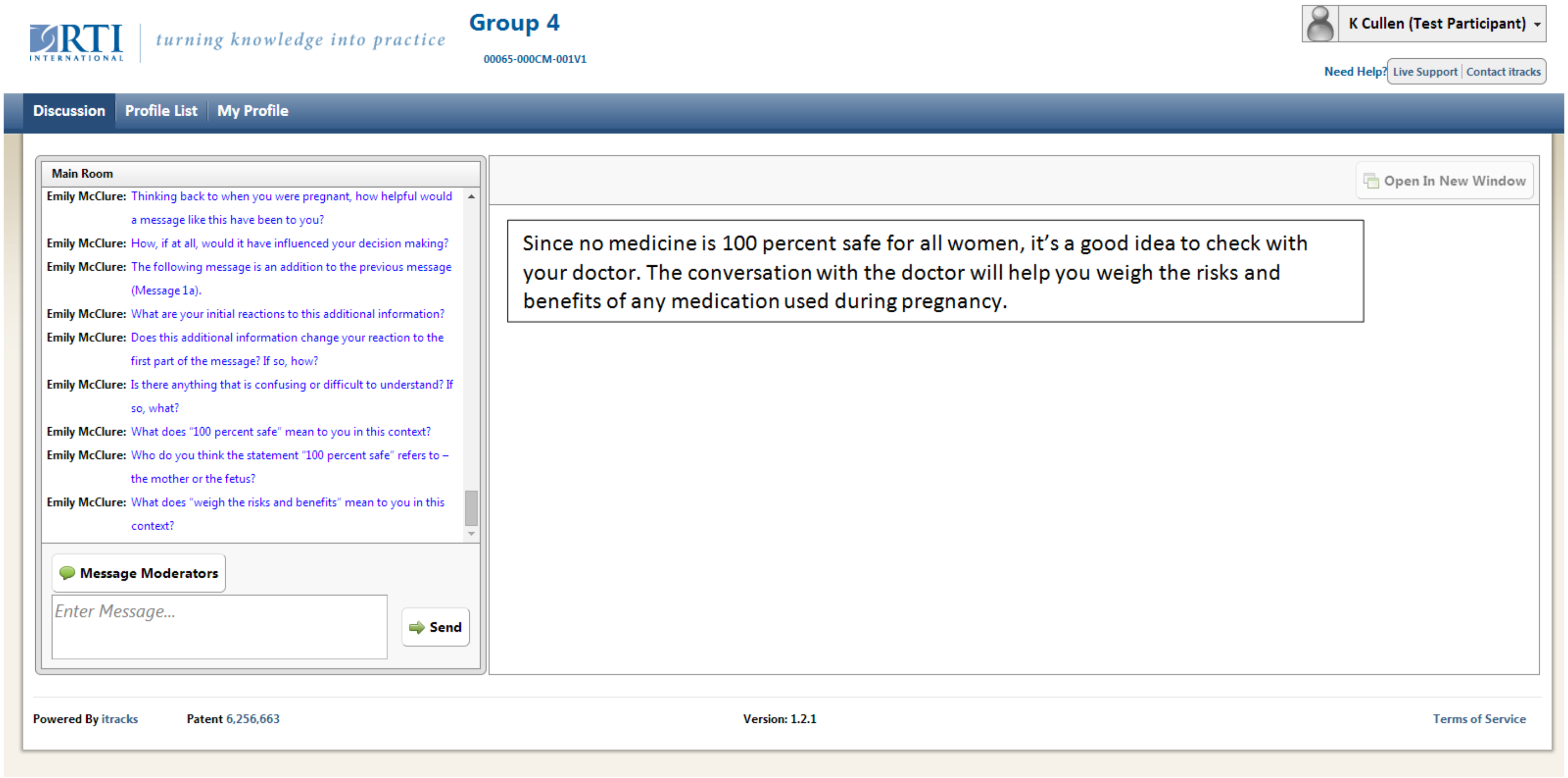
Emily McClure: Is there information missing from this message that you think should be included?

Emily McClure: How relevant is this message to you?

Emily McClure: Thinking back to when you were pregnant, how helpful would a message like this have been to you?

Emily McClure: How, if at all, would it have influenced your decision making?

Talk with your doctor if you are pregnant and you have taken any medicine or are thinking of taking any medicine. This includes prescription and over-the-counter medications, as well as dietary or herbal products.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Emily McClure: Thinking back to when you were pregnant, how helpful would a message like this have been to you?

Emily McClure: How, if at all, would it have influenced your decision making?

Emily McClure: The following message is an addition to the previous message (Message 1a).

Emily McClure: What are your initial reactions to this additional information?

Emily McClure: Does this additional information change your reaction to the first part of the message? If so, how?

Emily McClure: Is there anything that is confusing or difficult to understand? If so, what?

Emily McClure: What does "100 percent safe" mean to you in this context?

Emily McClure: Who do you think the statement "100 percent safe" refers to – the mother or the fetus?

Emily McClure: What does "weigh the risks and benefits" mean to you in this context?

Since no medicine is 100 percent safe for all women, it's a good idea to check with your doctor. The conversation with the doctor will help you weigh the risks and benefits of any medication used during pregnancy.

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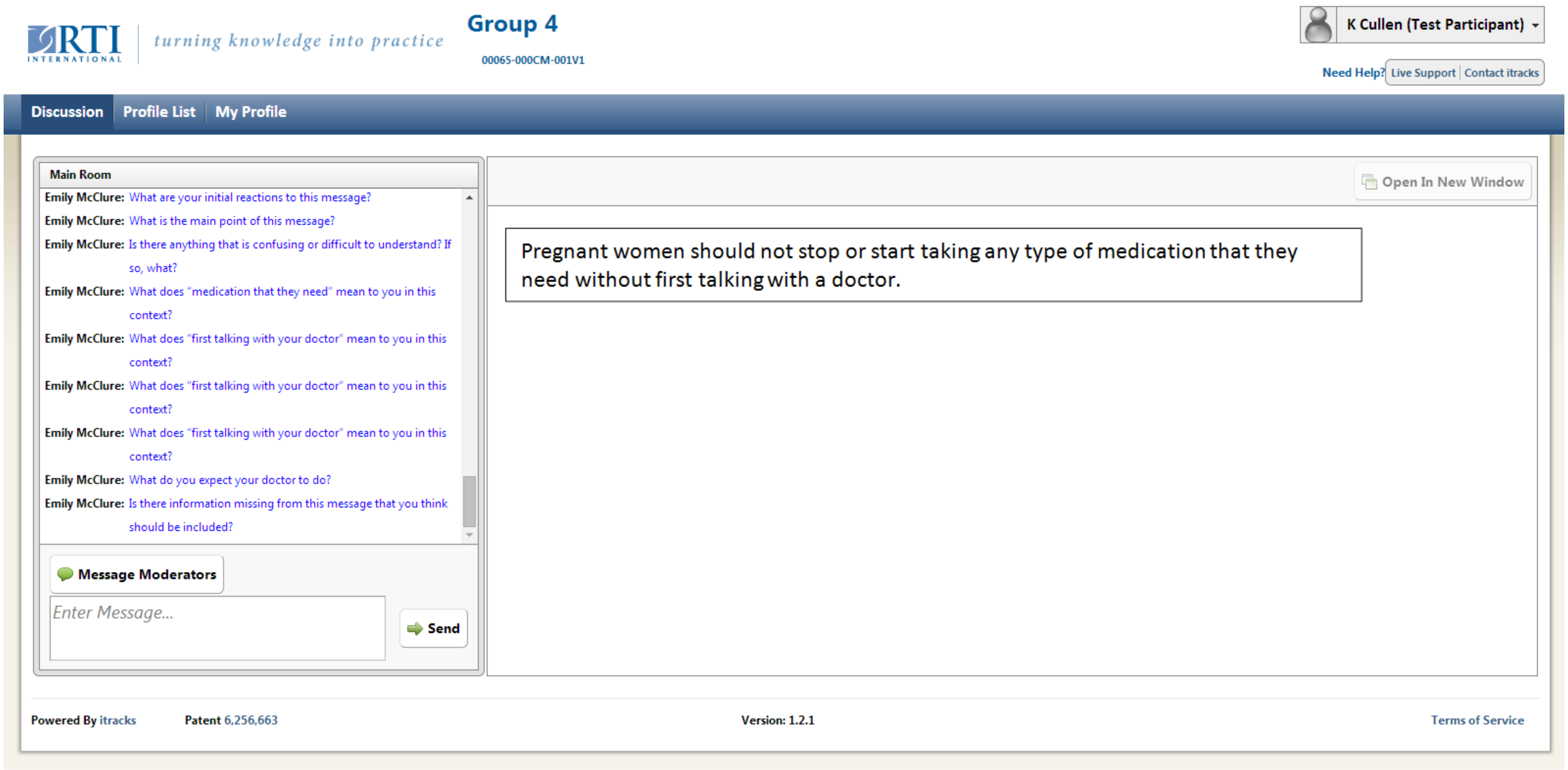
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Emily McClure: What are your initial reactions to this message?

Emily McClure: What is the main point of this message?

Emily McClure: Is there anything that is confusing or difficult to understand? If so, what?

Emily McClure: What does "medication that they need" mean to you in this context?

Emily McClure: What does "first talking with your doctor" mean to you in this context?

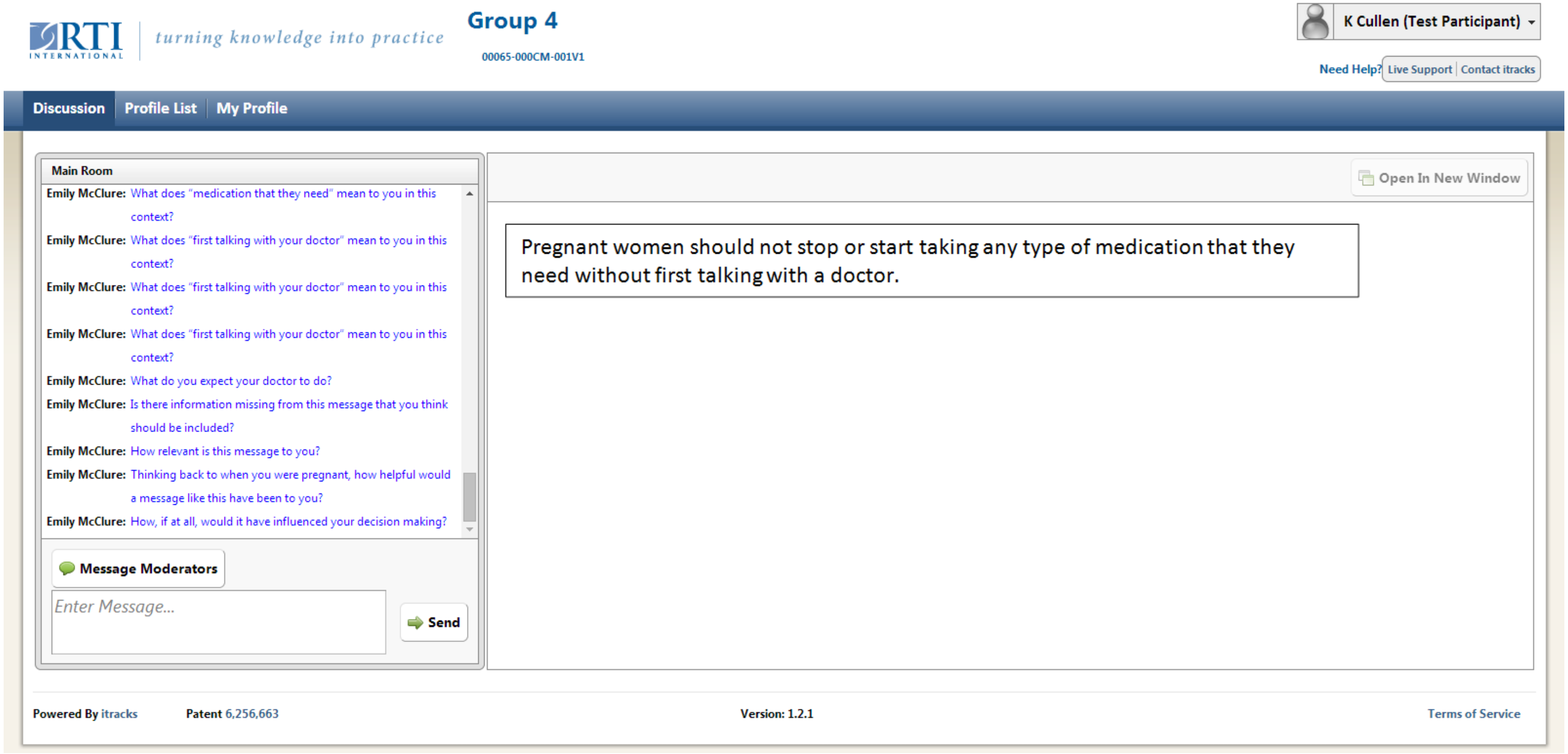
Emily McClure: What does "first talking with your doctor" mean to you in this context?

Emily McClure: What does "first talking with your doctor" mean to you in this context?

Emily McClure: What do you expect your doctor to do?

Emily McClure: Is there information missing from this message that you think should be included?

Pregnant women should not stop or start taking any type of medication that they need without first talking with a doctor.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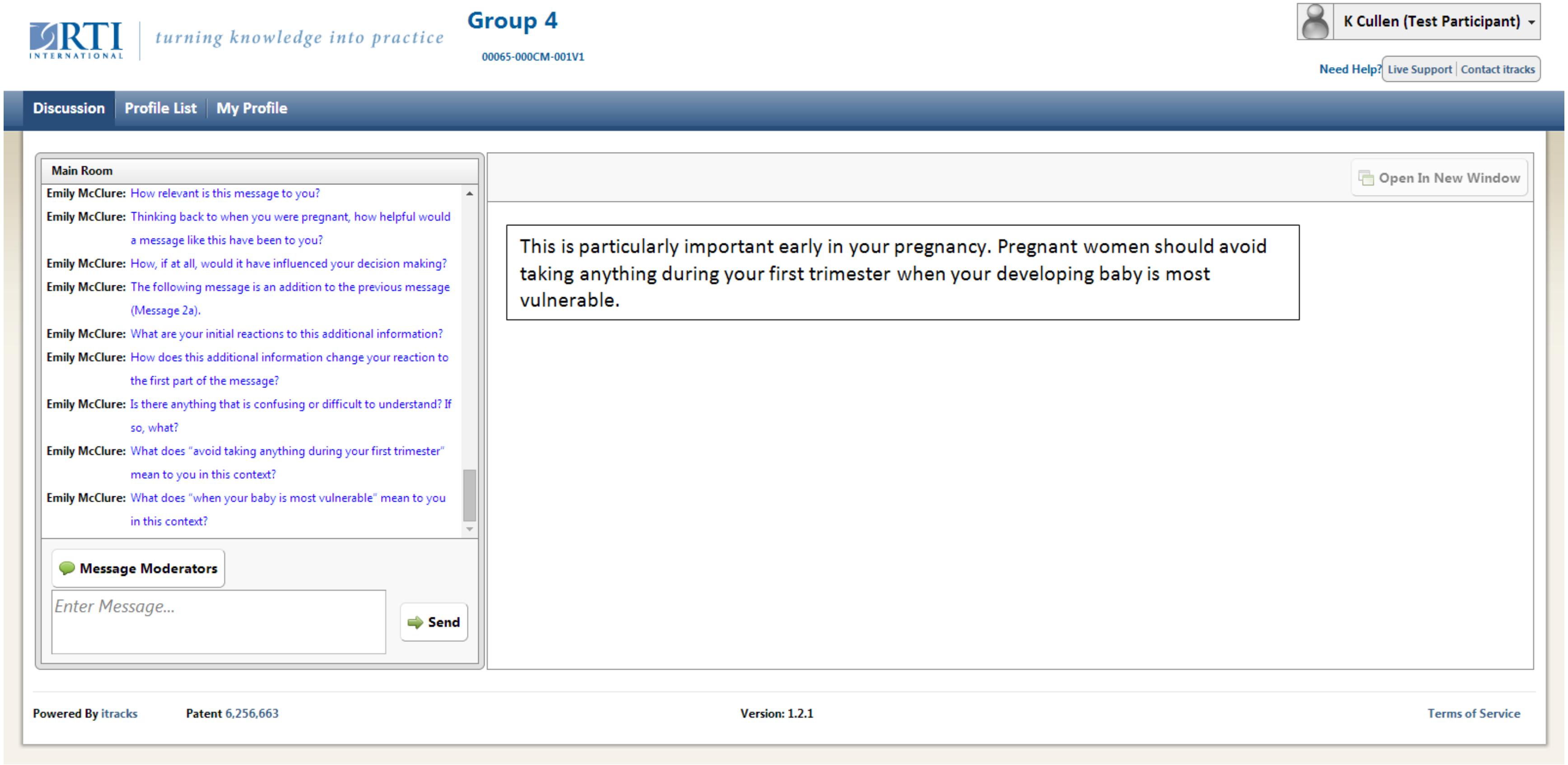
Emily McClure: Is there information missing from this message that you think should be included?

Emily McClure: How relevant is this message to you?

Emily McClure: Thinking back to when you were pregnant, how helpful would a message like this have been to you?

Emily McClure: How, if at all, would it have influenced your decision making?

Pregnant women should not stop or start taking any type of medication that they need without first talking with a doctor.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Emily McClure: How relevant is this message to you?

Emily McClure: Thinking back to when you were pregnant, how helpful would a message like this have been to you?

Emily McClure: How, if at all, would it have influenced your decision making?

Emily McClure: The following message is an addition to the previous message (Message 2a).

Emily McClure: What are your initial reactions to this additional information?

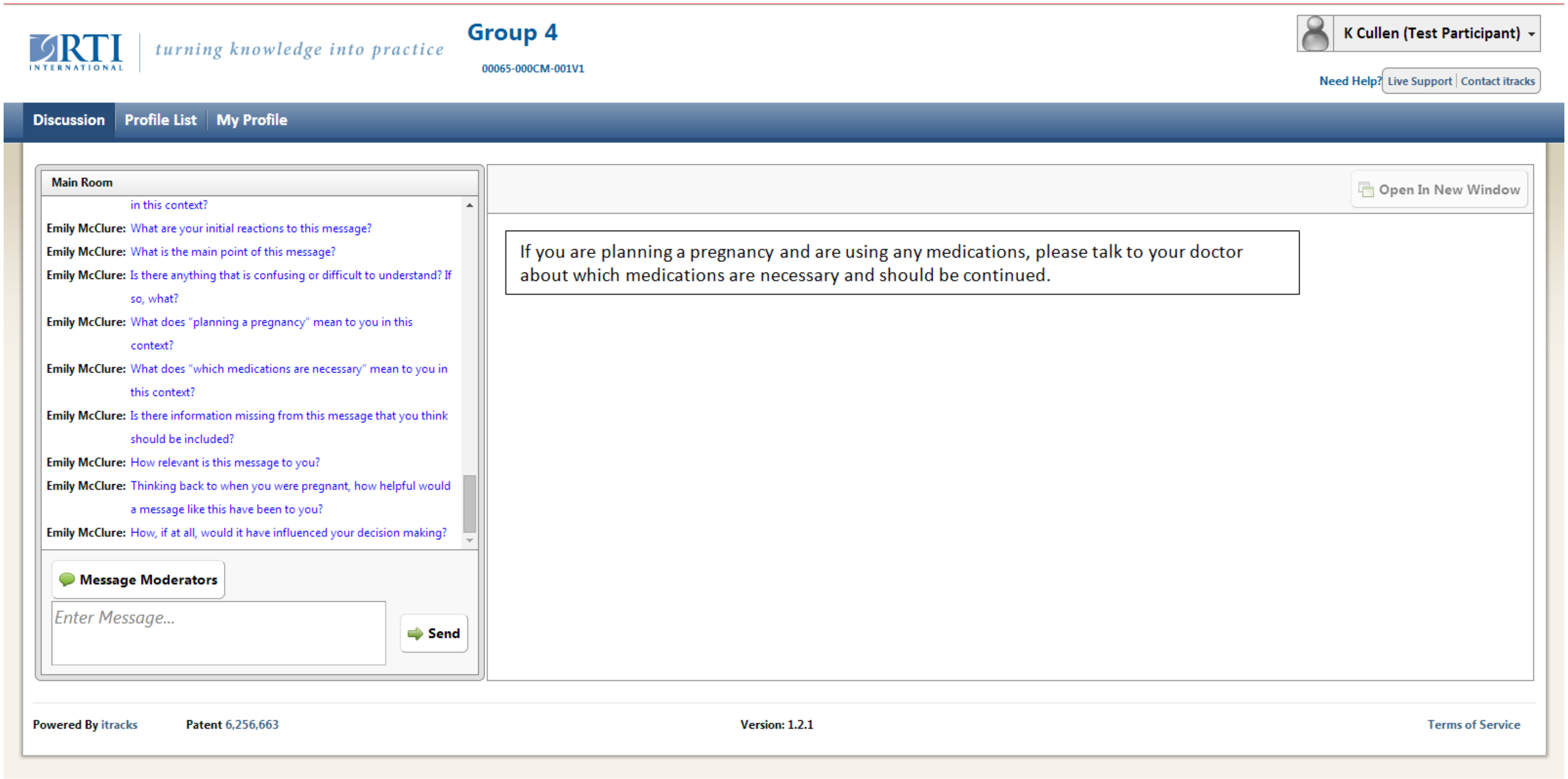
Emily McClure: How does this additional information change your reaction to the first part of the message?

Emily McClure: Is there anything that is confusing or difficult to understand? If so, what?

Emily McClure: What does "avoid taking anything during your first trimester" mean to you in this context?

Emily McClure: What does "when your baby is most vulnerable" mean to you in this context?

This is particularly important early in your pregnancy. Pregnant women should avoid taking anything during your first trimester when your developing baby is most vulnerable.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in this context?

Emily McClure: What are your initial reactions to this message?

Emily McClure: What is the main point of this message?

Emily McClure: Is there anything that is confusing or difficult to understand? If so, what?

Emily McClure: What does "planning a pregnancy" mean to you in this context?

Emily McClure: What does "which medications are necessary" mean to you in this context?

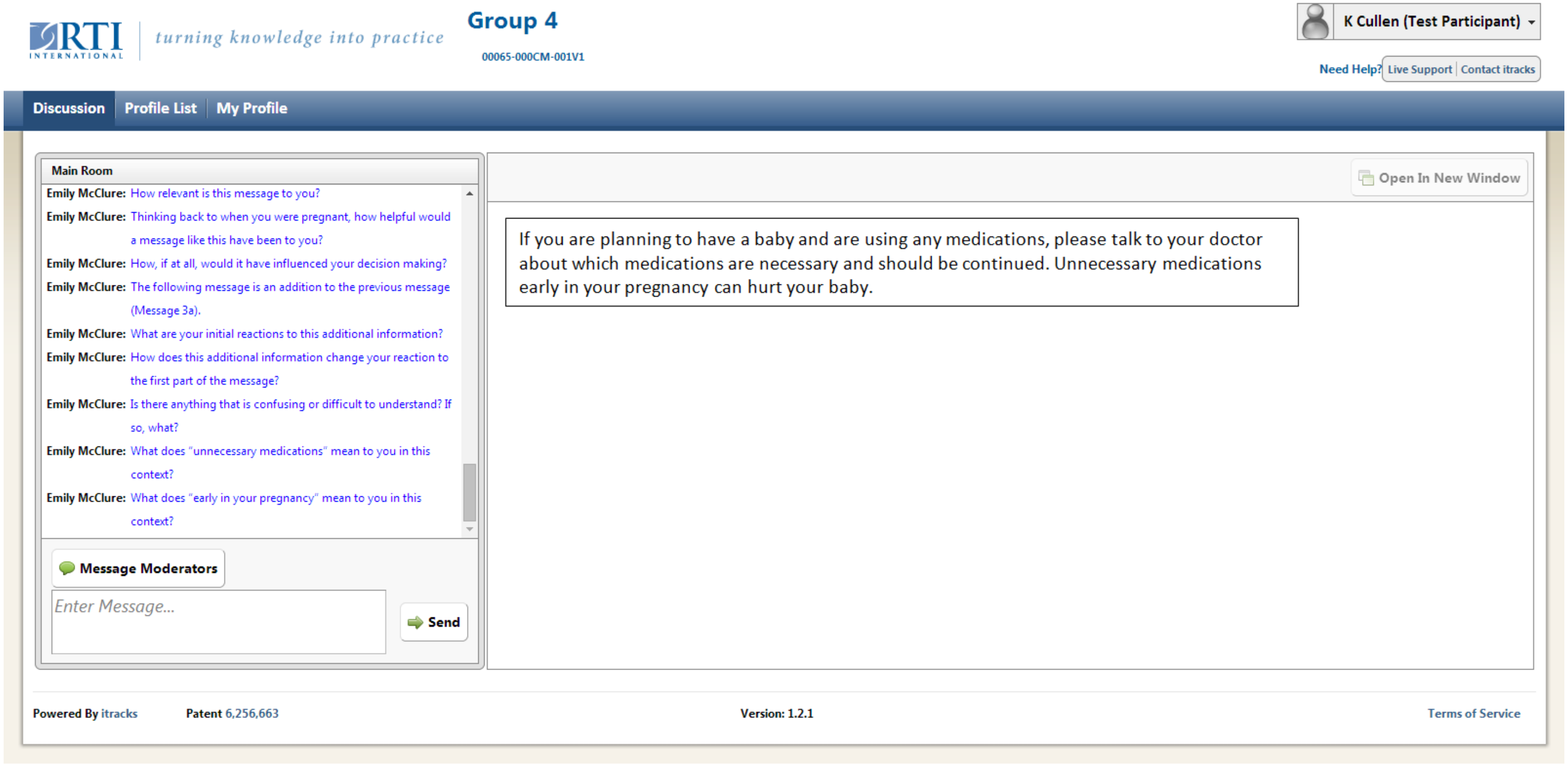
Emily McClure: Is there information missing from this message that you think should be included?

Emily McClure: How relevant is this message to you?

Emily McClure: Thinking back to when you were pregnant, how helpful would a message like this have been to you?

Emily McClure: How, if at all, would it have influenced your decision making?

If you are planning a pregnancy and are using any medications, please talk to your doctor about which medications are necessary and should be continued.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Version: 1.2.1
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Emily McClure: How, if at all, would it have influenced your decision making?

Emily McClure: The following message is an addition to the previous message (Message 3a).

Emily McClure: What are your initial reactions to this additional information?

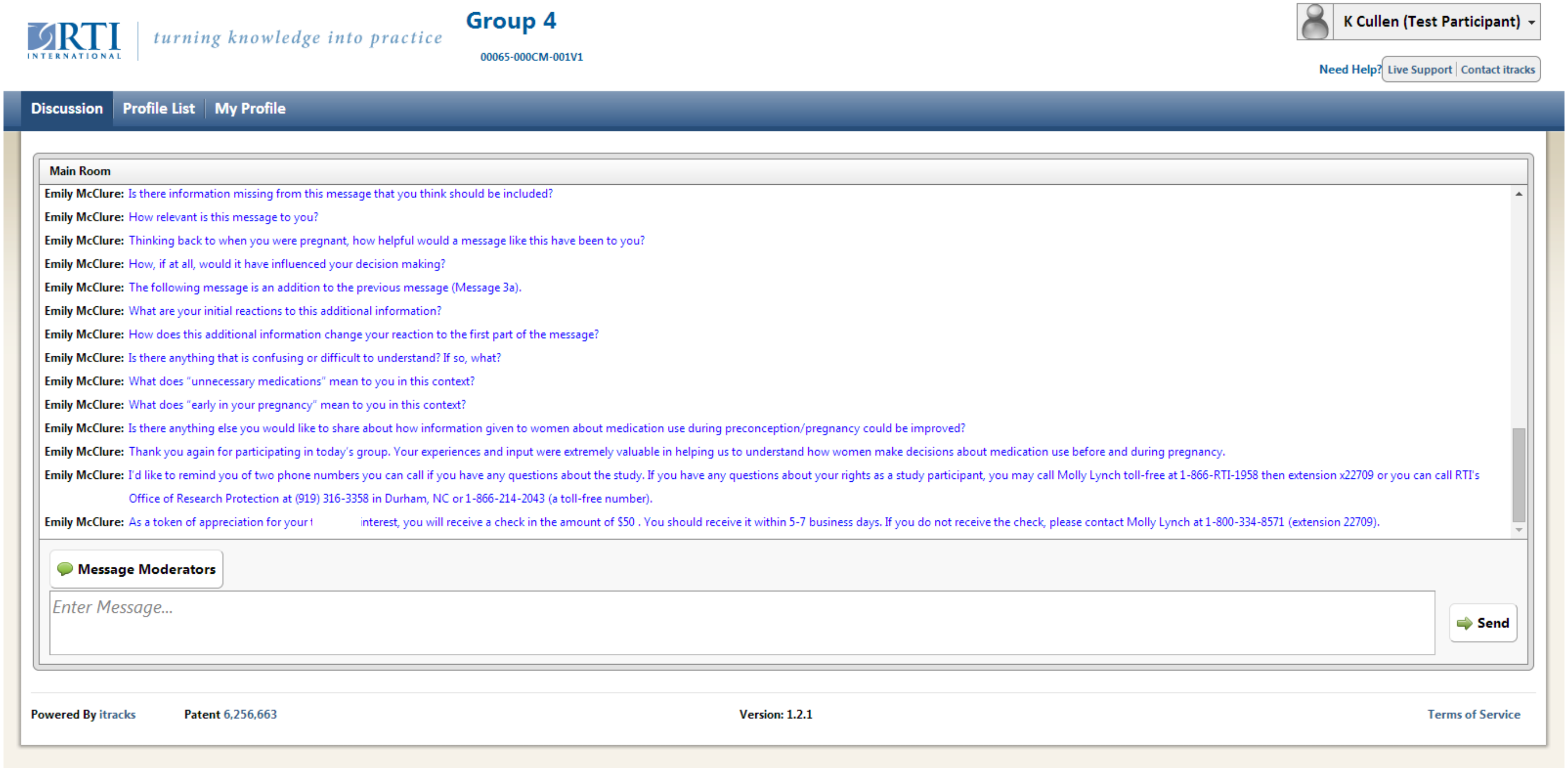
Emily McClure: How does this additional information change your reaction to the first part of the message?

Emily McClure: Is there anything that is confusing or difficult to understand? If so, what?

Emily McClure: What does "unnecessary medications" mean to you in this context?

Emily McClure: What does "early in your pregnancy" mean to you in this context?

If you are planning to have a baby and are using any medications, please talk to your doctor about which medications are necessary and should be continued. Unnecessary medications early in your pregnancy can hurt your baby.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Version: 1.2.1
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Emily McClure: What does "unnecessary medications" mean to you in this context?

Emily McClure: What does "early in your pregnancy" mean to you in this context?

Emily McClure: Is there anything else you would like to share about how information given to women about medication use during preconception/pregnancy could be improved?

Emily McClure: Thank you again for participating in today's group. Your experiences and input were extremely valuable in helping us to understand how women make decisions about medication use before and during pregnancy.

Emily McClure: I'd like to remind you of two phone numbers you can call if you have any questions about the study. If you have any questions about your rights as a study participant, you may call Molly Lynch toll-free at 1-866-RTI-1958 then extension x22709 or you can call RTI's Office of Research Protection at (919) 316-3358 in Durham, NC or 1-866-214-2043 (a toll-free number).

Emily McClure: As a token of appreciation for your t interest, you will receive a check in the amount of $50 . You should receive it within 5-7 business days. If you do not receive the check, please contact Molly Lynch at 1-800-334-8571 (extension 22709).